DEPARTMENT OF PUBLIC HEALTH AND WELL PARE / 1/2 Primery Regularizino Dissist No. 300 SANT HEALTH MOBILE MARKED ON HISTORY HOLD SANT HEALTH MOBILE NO. 11 1 1862 SANT HEALTH MOBILE NO. 11 1862 SANT						SION OF HEALTH - STAND	DARD CE	RTIFICATE O	F DEATH		62-	0193	40	
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STATE MO. COUNTY STATE COUNTY STATE OF PREASED STATE OF P	ON THIS STUB		MEMDEL		_				1 2. USUAL RESIDENCE	CE (Where dece	ased lived.	If institution:	Residence before	
ON DESORD 110 No. 18 No. 100 No. 18 No.		<u> a</u>				• COUNTY	1		STATE -	ДО . b. co	Jeffe:	rson		
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Subject to the ferminal part of the proposed of the ferminal part of the		<u> </u>	+	4				_ +	II					
5. SEX P W Widnessed To Never Married Never	3				•	(Type or print)	7			OF DEATH				
100. USUAL OCCUPATION (Give kind of work done dree) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRIPPLACE (city and state or country) 12. CITIZEN OF WHAT COUNTRY HOUSE WITH 12. ANAME WITH 11. BIRIPPLACE (city and state or country) 12. CITIZEN OF WHAT COUNTRY HOUSE WITH 12. ANAME WITH 11. BIRIPPLACE (city and state or country) 12. CITIZEN OF WHAT COUNTRY HOUSE WITH 12. ANAME WITH 11. BIRIPPLACE (city and state or country) 12. CITIZEN OF WHAT COUNTRY HOUSE WITH 12. ANAME WI	4 /											-	7	
10. USUAL OCCUPATION (Cive kind of work done) 10. USUAL OCCUPATION (Cive kind of work done) 10. MOTHER MAINE OF BUSINESS OR INDUSTRY II. BIRTHPLACE (City and state or country) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. A. HORSE WILE II. W.S. A. B. IDS. MOTHERS MAIDEN NAME 14. NAME OF HUSSAND OR WIFE 15. A. HARNE OF HUSSAND OR WIFE 16. SOCIAL SECURITY NO. 11. IS. WAS DECEASED EVER IN U.S. ARABED FORCES? 10. SOCIAL SECURITY NO. 11. IS. CAUSE OF BEATH (Either only one cause per line) 11. IS. CAUSE OF BEATH (Either only one cause per line) 12. CITIZEN OF WHAT COUNTRY WILLIAM THE NAME 14. NAME OF HUSSAND OR WIFE Fred Costello (Dec.) 16. CAUSE OF BEATH (Either only one cause per line) 17. INDEMNANT Helen Bradshaw, St. Louis, Mo. 18. CAUSE OF BEATH (Either only one cause per line) 19. WAS AUTOPSY (State) 20. FINE OF Hour Month, Day, Year p.m. 20. INJURY OCCURRED (Enter nature of Injury in PART I or PART II of Hem 18.) 19. WAS AUTOPSY (State) 21. I strended the deceased from May 14 (State) 22. SURFAL (CERNATION) (State) 23. DATE RECO. BY LOCAL RED. (State) (Decision of the causes stated.) 24. SURFAL (CERNATION) (State) 25. DATE RECO. BY LOCAL RED. (State) (Decision of the causes stated.) 25. DATE RECO. BY LOCAL RED. (State) (Decision of the causes stated.) 26. DATE RECO. BY LOCAL RED. (State) (Decision of the causes stated.)	5 2					F W	Widowed	Divorced 🗌	4/21/01	61		onths Days	Hours Min.	
Thousewill and the properties of the properties of the property of the propert		اام			10	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	, 10b. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (C		country) 12			
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Which gave rise to above cause (a). 3 3 - 0		₹		Σ		18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED B	yr line (Y:		_	_		C	INSET AND DEATH	
Which gave rise to above scause (a). 13 3 - 0		多片		Z		IMMEDIATE CAUSE ((a) 101	eirona -	bread c	genera	esed		2 gras	
Which gave rise to above cause (a). 3 3 - 0		<i>-</i> -		Į.				- ota	at in	V	•			
Solution State S		STE				which gave rise to	(b)	merce	- au					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female we there a pregnancy in last 90 days in la	133-0	┋╠╧┼		_	!	stating the under-	(c)						•	
NO MANUEL AT WORK 20c. TIME OF Hour INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION (COUNTY STATE HOW) 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION (COUNTY STATE HOW) 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION (CITY, TOWN, OR LO		5			RTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female wa								
NO MANUEL AT WORK 20c. TIME OF Hour INJURY (e.g., in or about home, p.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK 20d	i	·				disease condition given	1 11 1 1 1 K 1 1 (4)				r	+	<u> </u>	
NO MANUEL AT WORK 20c. TIME OF Hour INJURY (e.g., in or about home, p.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK 20d		<u> </u>				19. WAS AUTOPSY 200. ACCIDENT SUICE		206. DESCRIBE HO	W INJURY OCCURRED.	(Enter nature of	injury in PA	RT I or PART I	I of item 18.)	
Death occurred at						YES NO W	_							
NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE will be at work ☐ 21. I attended the deceased from	Z	Ĭ			DICA	INJURY a.m.		·						
NOT WHILE AT WORK [] 21. I attended the deceased from	SB Z	`			WE	20d INJURY OCCURRED 20e, PLAC	E OF INJURY (e.	g., in or about home,	20f. CITY, TOWN, OR	LOCATION		COUNTY	STATE	
Death occurred at 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNE 22c. DAT						I WHILE AT WORK □ I farm,	factory, street, o	ffice bldg., etc.)						
Death occurred at 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNE 22c. DAT	BLAC OR VRITER	EAD				21. I attended the deceased from Open	, 22, 196	1 10 Ine	6, 1962 and	last saw her all	ve on H	oy 31,1	962	
23a. BURÎAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Parial 6/9/62 Woodlawn 23d. LOCATION (City, town, or county) Woodlawn DeSoto Mo. 24. FÜNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		D R												
23a. BURÎAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Parial 6/9/62 Woodlawn 23d. LOCATION (City, town, or county) Woodlawn DeSoto Mo. 23d. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	USE	悥				22a. SIGNATURE (De	agree or title)		22b. ADDRESS	<u> </u>			22c. DATE SIGNE	
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		0	\dagger	- YO	2:	3a. BURÍAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c. NAM		EMATORY 23					
		Z S					DRESS	WOOQLAWN 25. DAT	TE RECD. BY LOCAL RE					
		116			_		DeSoto,	Mo. 6-	9-1962		Paris	e To	KALAF.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I her	eby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
vorking und	der my personal supervision.	1 2 W +1 .1 0
Student	Signature of Student Embalmer	_ Signed & Lee Mathershead
		Licensed Embalmer No. 313/
		P. O. Address We Sule, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.